



Fairfax  
Mentors Project

12011 Govt. Center Pkwy, Suite 1050  
Fairfax, VA 22035-1111  
703.324.5344  
Laura.Galante@fairfaxcounty.gov

### Counselor, Teacher or Staff Referral Form

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Student name: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Requested by: \_\_\_\_\_  
(teacher / counselor / other staff person)

The child is being referred for assistance in the following areas (circle all that apply):

Academic issues      Behavior issues      Study habits      Social problems

Criminal activities      Family concerns      Vocational training      Other:

How could this child benefit from an adult mentor?

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What are the child's interests, either in school or out?:

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What strategies/learning models might be effective for a mentor working with this child?:

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On a scale of 1-10 (10 being highest) rate the student's level of:

Academic performance: \_\_\_\_\_

Social skills: \_\_\_\_\_

Self-esteem: \_\_\_\_\_

Family support: \_\_\_\_\_

Communication skills: \_\_\_\_\_

Attitude about school/education: \_\_\_\_\_

Peer relations: \_\_\_\_\_

What specific subjects, if any, does the student need assistance with?:

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Additional comments:

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(signature)

(position)

(date)

Thank you for completing this referral. All information is kept strictly confidential. The Fairfax Mentors Project will use this information to help pair a child with a responsible, caring, and compatible mentor. If you have any questions or concerns regarding this form, please contact the FMP Coordinator. Thank you for helping us make a difference in the life of a child.
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